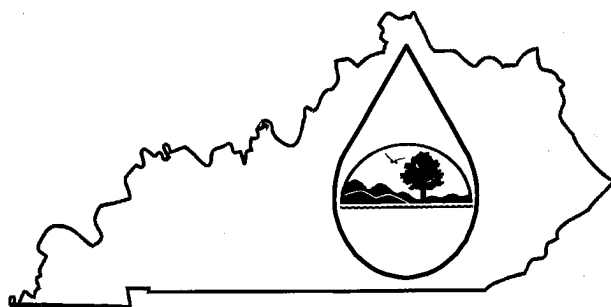


KPDES FORM 1

AI: 1671

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

NOV 30 2007



PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Short Form C

For additional information contact:

KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION	AGENCY USE	0	0	9	9	6	6	0
A. Name of business, municipality, company, etc. requesting permit Hardin County Fiscal Court								
B. Facility Name and Location					C. Facility Owner/Mailing Address			
Facility Location Name: Hardin County Landfill #2 (open)					Owner Name: Hardin County Fiscal Court			
Facility Location Address (i.e. street, road, etc.): 1620 Audobon Trace					Mailing Street: 100 Public Square PO Box 568			
Facility Location City, State, Zip Code: Elizabethtown, KY 42701					Mailing City, State, Zip Code: Elizabethtown, KY 42702-0568			
					Telephone Number: 270-765-2350			

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: Sanitary landfill

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:	4953		
Other SIC Codes:			

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)	
B. County where facility is located: Hardin	City where facility is located (if applicable): Elizabethtown
C. Body of water receiving discharge: South Fork Younger Creek	
D. Facility Site Latitude (degrees, minutes, seconds): 37° 42' 45"	Facility Site Longitude (degrees, minutes, seconds): 85° 43' 45"
E. Method used to obtain latitude & longitude (see instructions): USGS Topo Map Coordinates	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable): n/a	

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**☒ Publicly Owned ☐ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned**B. Operator Contact Information (See instructions)**

Name of Treatment Plant Operator:

Michael Sutherland

Telephone Number:

270-766-4190

Operator Mailing Address (Street):

3870 Springfield Road

Operator Mailing Address (City, State, Zip Code):

Elizabethtown, KY 42701

Is the operator also the owner?

Yes ☐ No ☒

Is the operator certified? If yes, list certification class and number below.

Yes ☒ No ☐

Certification Class:

I

Certification Number:

2610

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:

KY0099660

Issue Date of Current Permit:

October 1, 2005

Expiration Date of Current Permit:

May 31, 2008

Number of Times Permit Reissued:

3

Date of Original Permit Issuance:

July 1, 1996

Sludge Disposal Permit Number:

Kentucky DOW Operational Permit #:

Kentucky DSMRE Permit Number(s):

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	G07001	
Solid or Special Waste	047-00040	
Hazardous Waste - Registration or Permit		

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.

A. Name of department, office or official submitting DMRs:	Hardin County Fiscal Court
B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)	
DMR Mailing Name:	Tetra Tech, Inc.
DMR Mailing Street:	800 Corporate Drive, Suite 200
DMR Mailing City, State, Zip Code:	Lexington, KY 40503
DMR Official Telephone Number:	270-766-4190


VII. APPLICATION FILING FEE

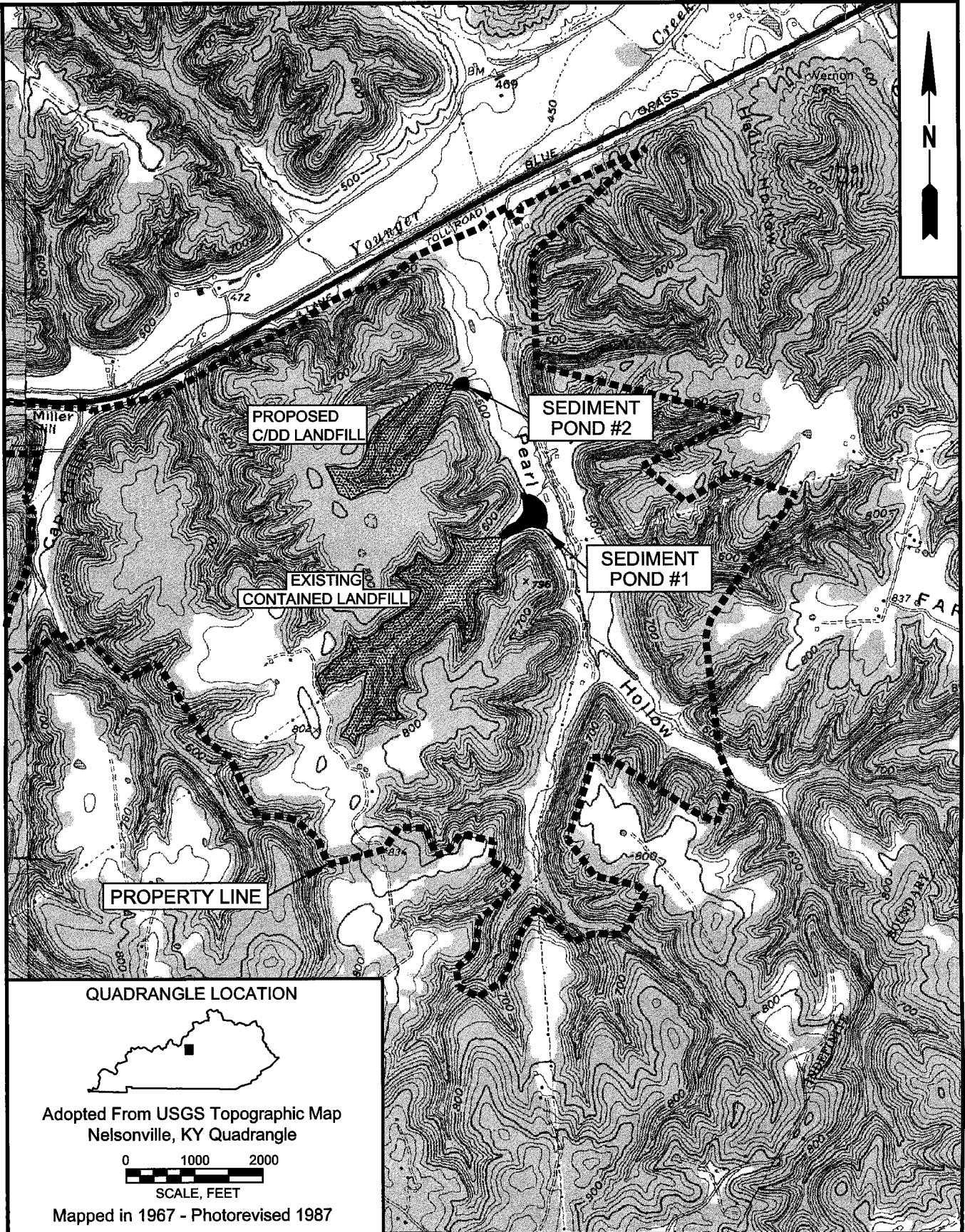
KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:	Filing Fee Enclosed:
Intermediate facility publicly owned	No fee

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Michael Sutherland, Operator	270-766-4190
SIGNATURE	DATE:
	11-28-2007



200-11520-07002-KPDES1

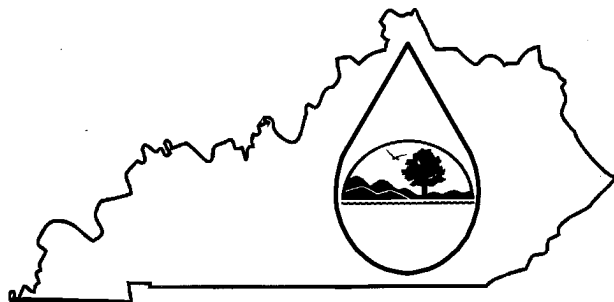


TETRA TECH, INC.

800 Corporate Drive Lexington, Kentucky 40503 (859) 223-8000

KPDES APPLICATION
Site Location on Topographic Map
Hardin County Landfill
Hardin County Fiscal Court
Hardin County, Kentucky

KPDES FORM C



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

NOV 30 2007

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch, (502) 564-3410.

Name of Facility: Hardin County Landfill #2				County: Hardin			
I. OUTFALL LOCATION				AGENCY USE			

For each outfall list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

Outfall No. (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	37	42	45	85	43	45	Pearl Hollow Creek
002 (facility not constructed)	37	43	10	85	43	38	Pearl Hollow Creek

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

- A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfall. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.
- B. For each outfall, provide a description of: (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) the average flow contributed by each operation; and (3) the treatment received by the wastewater. Continue on additional sheets if necessary.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	Description	List Codes from Table C-1
001	Surface/Stormwater Water Runoff	0.06/10 MGD	Sedimentation	1U
002	Surface/Stormwater Water Runoff	Not constructed		

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (Continued)

C. Except for storm water runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ Yes (Complete the following table.) ☒ No (Go to Section III.)

OUTFALL NUMBER	OPERATIONS CONTRIBUTING FLOW	FREQUENCY		FLOW				
		Days Per Week	Months Per Year	Flow Rate (in mgd)		Total volume (specify with units)		Duration (in days)
				Long-Term Average	Maximum Daily	Long-Term Average	Maximum Daily	
(list)	(list)	(specify average)	(specify average)					

III. MAXIMUM PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☐ Yes (Complete Item III-B) List effluent guideline category:

☒ No (Go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measures of operation)?

☐ Yes (Complete Item III-C) ☒ No (Go to Section IV)

C. If you answered "Yes" to Item III-B, list the quantity which represents the actual measurement of your maximum level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

MAXIMUM QUANTITY			Affected Outfalls (list outfall numbers)
Quantity Per Day	Units of Measure	Operation, Product, Material, Etc. (specify)	

IV. IMPROVEMENTS

A. Are you now required by any federal, state or local authority to meet any implementation schedule for the construction, upgrading, or operation of wastewater equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders and grant or loan conditions.

☐ Yes (Complete the following table) ☒ No (Go to Item IV-B)

IDENTIFICATION OF CONDITION AGREEMENT, ETC.	AFFECTED OUTFALLS		BRIEF DESCRIPTION OF PROJECT	FINAL COMPLIANCE DATE	
	No.	Source of Discharge		Required	Projected

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.

NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered 5-18.

D. Use the space below to list any of the pollutants (refer to SARA Title III, Section 313) listed in Table C-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

POLLUTANT	SOURCE	POLLUTANT	SOURCE
N/A			

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

A. Is any pollutant listed in Item V-C a substance or a component of a substance which you use or produce, or expect to use or produce over the next 5 years as an immediate or final product or byproduct?

☐ Yes (List all such pollutants below)

☒ No (Go to Item VI-B)

B. Are your operations such that your raw materials, processes, or products can reasonably be expected to vary so that your discharge of pollutants may during the next 5 years exceed two times the maximum values reported in Item V?

☐ Yes (Complete Item VI-C)

☒ No (Go to Item VII)

C. If you answered "Yes" to Item VI-B, explain below and describe in detail to the best of your ability at this time the sources and expected levels of such pollutants which you anticipate will be discharged from each outfall over the next 5 years. Continue on additional sheets if you need more space.

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge of or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (Identify the test(s) and describe their purposes below)

☒ No (Go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?


☒ Yes (list the name, address, and telephone number of, and pollutants analyzed by each such laboratory or firm below)

☐ No (Go to Section IX)

NAME	ADDRESS	TELEPHONE (Area code & number)	POLLUTANTS ANALYZED (list)
Microbac Laboratories, Inc.	3323 Gilmore Industrial Boulevard, Louisville, KY 40213	502-962-6400	All pollutants in Section V, Part A

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Michael Sutherland, Manager	270-766-4190
SIGNATURE 	DATE 11-28-2007

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. (See instructions)

V. INTAKE AND EFFLUENT CHARACTERISTICS (Continued from page 3 of Form C)											OUTFALL NO. 001	
Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.												
1. POLLUTANT	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE (optional)			
	a. Maximum Daily Value (Estimated)		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No of Analyses
	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
a. Biochemical Oxygen Demand (BOD)			19	51	7	3	21 ¹	mg/L	lbs/d			
b. Chemical Oxygen Demand (COD)	23	11					1 ¹	mg/L	lbs/d			
c. Total Organic Carbon (TOC)	4.6	2					1 ¹	mg/L	lbs/d			
d. Total Suspended Solids (TSS)			37	100	10	5	21 ¹	mg/L	lbs/d			
e. Ammonia (as N)			2	5	0.65	0.30	21 ¹	mg/L	lbs/d			
f. Flow (in units of MGD)	VALUE		VALUE	0.324	VALUE	0.055	25 ¹		MGD	VALUE		
g. Temperature (winter)	VALUE	35	VALUE		VALUE				°F	VALUE		
h. Temperature (summer)	VALUE	82	VALUE		VALUE				°F	VALUE		
i. pH	MINIMUM	MAXIMUM	MINIMUM	MAXIMUM			21 ¹	STANDARD UNITS				

¹ – Data from analytical results from October 1, 2005 – November 19, 2007.

Part B - In the MARK "X" column, place an "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Place an "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark the Believed Present column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1 POLLUTANT AND CAS NO. (if available)	2 MARK "X"		3 EFFECT						4 UNITS		5 INTAKE (optional)			
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (Estimated)		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
			(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
a. Bromide (24959-67-9)		X												
b. Bromine Total Residual		X												
c. Chloride	X				61	165	0.65	0.30	21 ¹	mg/L	lbs/d			
d. Chlorine, Total Residual		X												
e. Color		X												
f. Fecal Coliform		X												
g. Fluoride (16984-48-8)		X												
h. Hardness (as CaCO ₃)	X				1060	2864	616	283	8 ¹	mg/L	lbs/d			
i. Nitrate - Nitrite (as N)		X												
j. Nitrogen, Total Organic (as N)		X												
k. Oil and Grease		X												
l. Phosphorous (as P), Total 7723-14-0		X												
m. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium Total		X												
(4) Radium, 226, Total		X												

Part B - Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"		3. EFFECT UENT						4. UNITS		5. INTAKE (optional)			
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (Estimated)		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
			(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
n. Sulfate (as SO ₄) (14808-79-8)		X												
o. Sulfide (as S)			X											
p. Sulfite (as SO ₃) (14286-46-3)		X												
q. Surfactants		X												
r. Aluminum, Total (7429-90)		X												
s. Barium, Total (7440-39-3)		X												
t. Boron, Total (7440-42-8)		X												
u. Cobalt, Total (7440-48-4)		X												
v. Iron, Total (7439-89-6)	X				1	2.7	0.46	0.21	21 ¹	mg/L	lbs/d			
w. Magnesium Total (7439-96-4)	X				76	205	43	19.7	8 ¹	mg/L	lbs/d			
x. Molybdenum Total (7439-98-7)		X												
y. Manganese, Total (7439-96-6)														
z. Tin, Total (7440-31-5)		X												
aa. Titanium, Total (7440-32-6)		X												

Part C – If you are a primary industry and this outfall contains process wastewater, refer to Table C-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in the **Testing Required** column for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark this column (secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions), mark "X" in the **Believed Present** column for each pollutant you know or have reason to believe is present. Mark "X" in the **Believed Absent** column for each pollutant you believe to be absent. If you mark either the **Testing Required** or **Believed Present** columns for any pollutant, you must provide the result of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table (all seven pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				Maximum Daily Value (1)	Value (2)	Value (1)	Value (2)	Value (1)	Value (2)				Long-Term Avg Value (1)	Value (2)	
METALS, CYANIDE AND TOTAL PHENOLS															
1M. Antimony Total (7440-36-0)		X				<0.01	<0.03	<0.01	<0.005	8 ¹	mg/L	lbs/d			
2M. Arsenic, Total (7440-38-2)		X				<0.1	<0.27	0.02	<0.009	8 ¹	mg/L	lbs/d			
3M. Beryllium Total (7440-41-7)		X				<0.01	<0.03	<0.01	<0.005	8 ¹	mg/L	lbs/d			
4M. Cadmium Total (7440-43-9)		X				<0.01	<0.03	<0.01	<0.005	8 ¹	mg/L	lbs/d			
5M. Chromium Total (7440-43-9)		X				<0.01	<0.03	<0.01	<0.005	8 ¹	mg/L	lbs/d			
6M. Copper Total (7550-50-8)		X				<0.01	<0.03	<0.01	<0.005	8 ¹	mg/L	lbs/d			
7M. Lead Total (7439-92-1)		X				<0.02	5.4	<0.01	<0.005	8 ¹	mg/L	lbs/d			
8M. Mercury Total (7439-97-6)			X												
9M. Nickel, Total (7440-02-0)		X				<0.01	<0.03	<0.01	<0.005	8 ¹	mg/L	lbs/d			
10M. Selenium, Total (7782-49-2)		X				<0.05	<0.14	0.01	0.005	8 ¹	mg/L	lbs/d			
11M. Silver, Total (7440-28-0)		X				<0.01	<0.03	<0.01	<0.005	8 ¹	mg/L	lbs/d			

Part C - Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a.		b. Maximum 30-Day Value (if available)	c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a.		b. No. of Analyses			
				Maximum Daily Value (1)	(2)		(1)	(2)				Long-Term Avg Value (1)	(2)				
METALS, CYANIDE AND TOTAL PHENOLS (Continued)																	
12M. Thallium, Total (7440-28-0)		X				<0.01		<0.03		<0.01		<0.005	8 ¹	mg/L	lbs/d		
13M. Zinc, Total (7440-66-6)			X			0.04		0.11		0.02		0.009	8 ¹	mg/L	lbs/d		
14M. Cyanide, Total (57-12-5)				X													
15M. Phenols, Total				X													
DIOXIN																	
2,3,7,8 Tetra- chlorodibenzo, P, Dioxin (1784-01-6)			X		DESCRIBE RESULTS:												
GC/MS FRACTION – VOLATILE COMPOUNDS																	
IV. Acrolein (107-02-8)			X														
2V. Acrylonitrile (107-13-1)				X													
3V. Benzene (71-43-2)				X													
5V. Bromoform (75-25-2)				X													
6V. Carbon Tetrachloride (56-23-5)				X													
7V. Chloro- benzene (108-90-7)				X													
8V. Chlorodibromomethane (124-48-1)				X													

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses	
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass		
9V. Chloroethane (74-00-3)			X													
10V. 2-Chloro-ethylvinyl Ether (110-75-8)			X													
11V. Chloroform (67-66-3)			X													
12V. Dichloro-bromomethane (75-71-8)			X													
14V. 1,1-Dichloroethane (75-34-3)			X													
15V. 1,2-Dichloroethane (107-06-2)			X													
16V. 1,1-Dichloroethylene (75-35-4)			X													
17V. 1,2-Di-chloropropane (78-87-5)			X													
18V. 1,3-Dichloropro-pylene (452-75-6)			X													
19V. Ethyl-benzene (100-41-4)			X													
20V. Methyl Bromide (74-83-9)			X													

Part C - Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
21V. Methyl Chloride (74-87-3)			X												
22V. Methylene Chloride (75-00-2)			X												
23V. 1,1,2,2- Tetrachloro- ethane (79-34-5)			X												
24V. Tetrachloro- ethylene (127-18-4)			X												
25V. Toluene (108-88-3)			X												
26V. 1,2-Trans- Dichloro- ethylene (156-60-5)			X												
27V. 1,1,1-Trifluoro- chloroethane (71-55-6)			X												
28V. 1,1,2-Trifluoro- chloroethane (79-00-5)			X												
29V. Trichloro- ethylene (79-01-6)			X												
30V. Vinyl Chloride (75-01-4)			X												

Part C – Continued															
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a.		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a.		b. No. of Analyses
				Maximum Daily Value (1)	Value (2)	Value (if available) (1)	Mass (2)	Value (if available) (1)	Mass (2)				Long-Term Avg Value (1)	Value (2)	
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chloro-phenol (95-57-8)			X												
2A. 2,4-Dichloro-Orophenol (120-83-2)			X												
3A. 2,4-Dimeth-ylphenol (105-67-9)			X												
4A. 4,6-Dinitro-o-cresol (534-52-1)			X												
5A. 2,4-Dinitro-phenol (51-28-5)			X												
6A. 2-Nitro-phenol (88-75-5)			X												
7A. 4-Nitro-phenol (100-02-7)			X												
8A. P-chloro-m-cresol (59-50-7)			X												
9A. Pentachloro-phenol (87-88-5)			X												
10A. Phenol (108-05-2)			X												
11A. 2,4,6-Tri-chlorophenol (88-06-2)			X												
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Accena-phthene (83-32-9)			X												

Part C – Continued															
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)	
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
2B. Acena- ptylene (208-96-8)			X												
3B. Anthra- cene (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo(a)- anthracene (56-55-3)			X												
6B. Benzo(a)- pyrene (50-32-8)			X												
7B. 3,4-Benzo- fluoranthene (205-99-2)			X												
8B. Benzo(ghi) perylene (191-24-2)			X												
9B. Benzo(k)- fluoranthene (207-08-9)			X												
10B. Bis(2- chlor- oethoxy)- methane (111-91-1)			X												
11B. Bis (2-chlor- oisopropyl)- Ether			X												
12B. Bis (2-ethyl- hexyl)- phthalate (117-81-7)			X												

Part C - Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a.		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a.		b. No. of Analyses		
				Maximum Daily Value (1)	Concentration	(2)	Mass	(1)	Concentration				(2)	Mass		Long-Term Avg Value (1)	Mass (2)
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)																	
13B. 4-Bromo-phenyl Phenyl ether (101-55-3)			X														
14B. Butyl-benzyl phthalate (85-68-7)			X														
15B. 2-Chloro-naphthalene (7005-72-3)			X														
16B. 4-Chloro-phenyl phenyl ether (7005-72-3)			X														
17B. Chrysene (218-01-9)			X														
18B. Dibenzo-(a,h) Anthracene (53-70-3)			X														
19B. 1,2-Dichloro-benzene (95-50-1)			X														
20B. 1,3-Dichloro-Benzene (541-73-1)			X														
21B. 1,4-Dichloro-benzene (106-46-7)			X														
22B. 3,3-Dichloro-benzidine (91-94-1)			X														
23B. Diethyl Phthalate (84-66-2)			X														

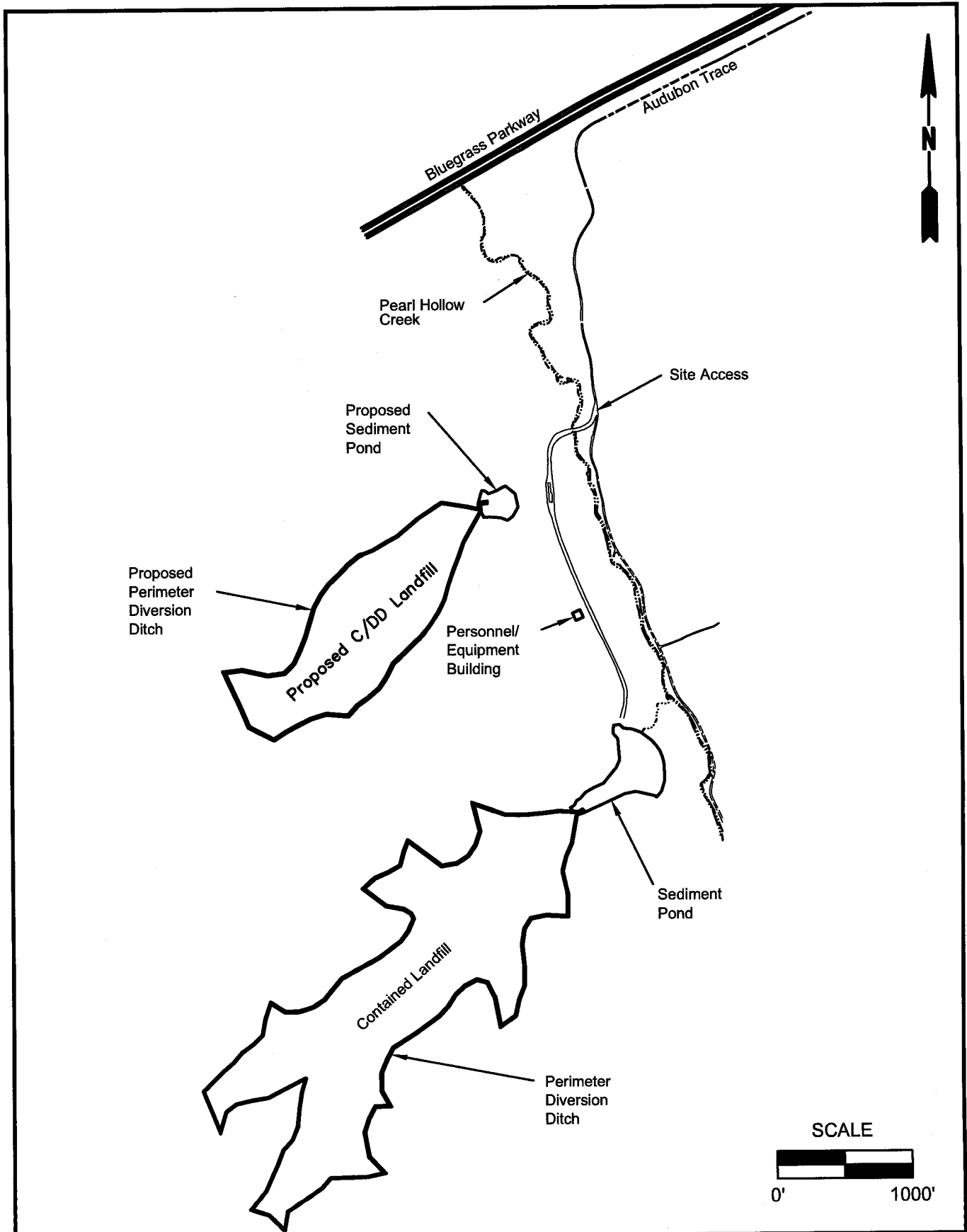
Part C – Continued															
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1) (2)		b. Maximum 30-Day Value (if available) (1) (2)		c. Long-Term Avg. Value (if available) (1) (2)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value (1) (2)		b. No. of Analyses
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
24B. Dimethyl Phthalate (131-11-3)			X												
25B. Di-N- butyl Phthalate (84-74-2)			X												
26B. 2,4-Dinitro- toluene (121-14-2)			X												
27B. 2,6-Dinitro- toluene (606-20-2)			X												
28B. Di-n-octyl Phthalate (117-84-0)			X												
29B. 1,2- diphenyl- hydrazine (as azobenzene) (122-66-7)			X												
30B. Fluoranthene (208-44-0)			X												
31B. Fluorene (86-73-7)			X												
32B. Hexachloro- benzene (118-71-1)			X												
33B. Hexachloro- butadiene (87-68-3)			X												
34B. Hexachloro- cyclopenta- diene (77-47-4)			X												

Part C – Continued																
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a.		b. Maximum 30-Day		c. Long-Term Avg.		d. No. of Analyses	a. Concentration	b. Mass	a.		b. No. of Analyses	
				Maximum Daily Value (1)	Value (2)	Value (if available) (1)	Value (2)	Value (if available) (1)	Value (2)				Long-Term Avg Value (1)	Value (2)		
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)																
35B. Hexachloroethane (67-72-1)			X													
36B. Indeno-(1,2,3-oc)-Pyrene (193-39-5)			X													
37B. Isophorone (78-59-1)			X													
38B. Naphthalene (91-20-3)			X													
39B. Nitrobenzene (98-95-3)			X													
40B. N-Nitrosodimethylamine (62-75-9)			X													
41B. N-nitrosodi-n-propylamine (621-64-7)			X													
42B. N-nitrosodiphenylamine (86-30-6)			X													
43B. Phenanthrene (85-01-8)			X													
44B. Pyrene (129-00-0)			X													
45B. 1,2,4 Tri-chlorobenzene (120-82-1)			X													

Part C - Continued

1. POLLUTANT And CAS NO. (if available)		2. MARK "X"		3. EFFLUENT						4. UNITS		5. INTAKE (optional)		
a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value (1)		b. Maximum 30-Day Value (if available) (1)		c. Long-Term Avg. Value (if available) (1)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value (1)		b. No. of Analyses
			Concentration	Mass	Concentration	Mass	Concentration	Mass				Concentration	Mass	
GC/MS FRACTION - PESTICIDES														
1P. Aldrin (309-00-2)			X											
2P. α-BHC (319-84-6)			X											
3P. β-BHC (58-89-9)			X											
4P. gamma-BHC (58-89-9)			X											
5P. δ-BHC (319-86-8)			X											
6P. Chlordane (57-74-9)			X											
7P. 4,4'-DDT (50-29-3)			X											
8P. 4,4'-DDE (72-55-9)			X											
9P. 4,4'-DDD (72-54-8)			X											
10P. Dieldrin (60-57-1)			X											
11P. α-Endosulfan (115-29-7)			X											
12P. β-Endosulfan (115-29-7)			X											
13P. Endosulfan Sulfate (1031-07-8)			X											
14P. Endrin (72-20-8)			X											

Part C – Continued															
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – PESTICIDES															
15P. Endrin Aldehyde (7421-93-4)			X												
16P. Heptachlor (76-44-8)			X												
17P. Heptachlor Epoxide (1024-57-3)			X												
18P. PCB-1242 (53469-21-9)			X												
19P. PCB-1254 (11097-69-1)			X												
20P. PCB-1221 (11104-28-2)			X												
21P. PCB-1232 (11141-16-5)			X												
22P. PCB-1248 (12672-29-6)			X												
23P. PCB-1260 (11096-82-5)			X												
24P. PCB-1016 (12674-11-2)			X												
25P. Toxaphene (8001-35-2)			X												



200-11520-07002-KPDES3



TETRA TECH, INC.

800 Corporate Drive Lexington, Kentucky 40503 (859) 223-8000

KPDES - FORM C
 Storm Runoff Control Map
 Hardin County Landfill
 Hardin County Fiscal Court
 Hardin County, Kentucky

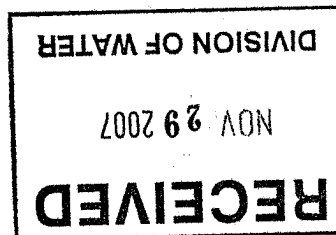


TETRA TECH

LETTER OF TRANSMITTAL

DATE: November 29, 2007

TO: Ms. Vickie L. Prather, Acting Supervisor
Division of Water
KPDES Branch
Inventory and Data Management Section
14 Reilly Road
Frankfort, Kentucky 40601



RE: KPDES No. KY0099660
Hardin County Landfill
Hardin County, Kentucky

WE ARE SENDING YOU THE FOLLOWING:

☒ Attached

☐ Under separate cover via _____

☐ Shop Drawings

☐ Prints

☐ Plans

☐ Specifications

☐ Reports

☐ Samples

☐ Copy of Letter

☐ Change Order

☒ Other

Application Renewal

<u>Copies</u>	<u>Date</u>	<u>No.</u>	<u>Description</u>
1	11/28/07		KPDES Permit No. KY0099660 Permit Renewal

THESE ARE TRANSMITTED:

☒ For Approval

☐ Approved as submitted

☐ Resubmit _____ copies for approval

☐ For your use

☐ Approved as noted

☐ Submit _____ copies for distribution

☐ As requested

☐ Returned for correction

☐ Return _____ corrected prints

☐ For review and comment

☐ Rejected

☐ Other

COMMENTS:

On behalf of our client, Hardin County Fiscal Court, we are submitting the enclosed permit renewal application for approval. If you have any questions or need additional information, please call me at (859) 223-8000.

Signed

Chris A. Hale

Copies to: Roger Blair (Tetra Tech, Inc.)

Project No. 200-11520-07002

P:\2007\200-11520-07002 Hardin Co LF Gen Cons\Correspondence\Transmittals\KPDES0099660 KPDES Permit Renewal Trans.doc

Tetra Tech, Inc.

800 Corporate Drive, Suite 200, Lexington, KY 40503
Tel 859.223.8000 Fax 859.224.1025 www.tetrattech.com



STEVEN L. BESHEAR
GOVERNOR

ENVIRONMENTAL AND PUBLIC PROTECTION CABINET

DEPARTMENT FOR ENVIRONMENTAL PROTECTION

DIVISION OF WATER

14 REILLY ROAD

FRANKFORT, KENTUCKY 40601

www.kentucky.gov

ROBERT D. VANCE
SECRETARY

December 20, 2007

Michael Sutherland
Hardin County Fiscal Court
P.O. Box 568
Elizabethtown, KY 42702-0568

Re: KPDES Application Complete
KPDES No.: KY0099660
Hardin Co Contained Lanfill
AI ID: 1671
Activity ID: APE20070007
Hardin County, Kentucky

Dear Mr. Sutherland,

Your revised Kentucky Pollutant Discharge Elimination System (KPDES) permit application for the above-referenced facility was received by the Division of Water on November 30, 2007. A completeness review of your permit application has been conducted. Please be aware that you may be asked to provide additional information to clarify, modify, or supplement your application material. In accordance with 401 KAR 5:075, Section 1(7) you are being provided written notification that your application has been deemed complete as of the date of this letter.

If you have any questions concerning this matter, please call me at (502) 564-8158, extension 590.

Sincerely,

Sara Beard
Environmental Engineer Assistant III
KPDES Branch
Division of Water

SJB

Enclosures

c: Louisville Regional Office
Division of Water Files